IOWA DEPARTMENT OF PUBLIC HEALTH BUREAU OF RADIOLOGICAL HEALTH

PERMIT TO PRACTICE APPLICATION X-RAY EQUIPMENT OPERATOR IN BONE DENSITOMETRY

Instructions for completing this form:

1. Print or type the required information.

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be

mailed

notices

Renewal

- 2. Attach the Completion and Statement of Competency Form signed by the clinical instructor.
- 3. Attach proof of completion of the required examination with a 70% or higher score.
- 4. Send the completed application and forms and a \$25 fee in a check or money order made payable to IDPH:

Iowa Department of Public Health, Bureau of Radiological Health

Lucas State Office Building, 5th Floor, 321 East 12th Street, Des Moines, IA 50319

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If you have any questions, please contact:	Charlene Craig 515/281-0415;	www.charlene.craig@idph.iowa.gov

Applicant's Name:	Home Phone N	Number		
Home Mailing Address:	email address	S		
City:	State:	Zip:		
Date of Birth:	Social Security #:			
Privacy Act Notice : Disclosure of your social security number on this application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.				
If you have a current, expired, or inactive permit or license in another state, please provide the state and type of permit/license:				
Current Employer in bone densitometry:				
Phone number				
Employer's Address:				
City:	State: Zip:			
If you are not currently working in bone densitometry, please provide the name and address of your last bone densitometry employer and the dates of your employment:				
Date:Employer:				
Employer address:				

45

days

in

advance

of

permit

expiration.

approximately

Signatu	re of Applicant	Date		
J.	2 mornation provided on this form	and theresare(s) is training and account.		
4. 5.	I will not perform procedures differing from the categories that I have applied for. The information provided on this form and enclosure(s) is truthful and accurate.			
3.	I understand that submitting false information on this application may result in revocation of the permit.			
2.	I understand this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.			
1.	I will allow a representative of the Iowa Department of Public Health to comprehensively evaluate whether or I meet the training standards if necessary.			
obligat by law	ons and as an internal means to accurate including Iowa Code § 421.18.	number will be used in connection with the collegely identify licensees, and may be shared with taxis	ng authorities as allowed	
		our social security number on this application is		
7.	Have you ever had a license or permit s If yes, provide a description of the circu	suspended or revoked from a state or certification bumstances.	oody? [] yes [] no	
6.	Have any judgments or settlements bee [] yes []no If yes, include the date, location, reason	en paid on your behalf as a result of a professional lan, resolutions, etc.	iability case?	
5. operato	Have you professional suits ever been in podiatric radiography? []yes [] no If yes, include the date, location, reason	n filed against you as a result of your performance on, resolution, etc.	ce as a x-ray equipmen	
_	If yes, include date, location, reason, cu			
4. placed	on probation, suspended, revoked, or oth	nited States or any other nation ever limited, restructionerwise disciplined a professional license or certification.		
	rge was a crime against a person (i.e. tion records.	assault, domestic abuse) include copies of the ch	arging orders and cour	
		ge, court disposition and current status (i.e. proba		
3. traffic		ntered a plea of no contest to a misdemeanor or fe must answer "yes" even if the matter has been expu	nged from the record.	
status. holder.		sician or treatment program that identifies your c nent that your condition will not affect your ability	urrent or past treatmen	
2.	Have you within the past 5 years engag	ged in the illegal or improper use of drugs or other of	chemical substance? []yes [] no	
not affe	ect your ability to perform as a permit ho		, ye ee	
	by this application? "Medical condition' der, including drug addiction and alcoholated and alcoholated and alcoholated are supplied to the supplied and alcoholated are supplied as a supplied and alcoholated are supplied as a supplied as a supplied are supplied as a supplied as a supplied are supplied as a sup	which in any way impair or limit your ability to 'means any physiological, mental, or psychologica olism. Indition and submit a letter from a physician stating	al condition, impairment []yes [] no	
1	Do you have a medical condition(s) a	which in any way impair or limit your ability to	nerform under a nerr	